CITY OF HALLANDALE BEACH 400 S. FEDERAL HWY, HALLANDALE BEACH, FL 33009 PH: (954) 457-1383 FAX:(954) 457-1488

PERMIT NUMBER_	
BUILDING PERMIT	APPLICATION

4)	I HEREBY MAKE APPLICATION FOR A PERMIT FOR THE
1) OWNER'S NAME . PHONE NO.	FOLLOWING: NO OF: Family Units - Redrooms - Rethrooms
OWNER'S NAME. PHONE NO.	
MAIL ADDRESS	Store UnitsKitchens
WAIL ADDITESS	FINISH FLOOR ELEVATION IS FT.MSL
CITY STATE	ZIP FLOOD ZONE: A V OTHER
2)	THE UNDERSIGNED APPLICANT DOES HEREBY:
CONTRACTOR CO. NAME PHONE NO.	
	set forth information as supplemented by herewith submitted building plans and
STREET ADDRESS	specifications with the understanding that all Florida Building Code 2001 and
	City of Hallandale Beach, Florida Zoning requirements shall be complied with whether
CITY STATE	ZIP specified in this application and accompanying plans or not.
	Plans and specifications for such structures and use are attached, and I agree
STATE #	to comply to all Federal, State and County laws, rules, regulations and resolutions
	regulating construction and zoning, and further state that no violations exists on
CC#	this property at this time.
	The plans covering this permit were designed for the following: TYPE:
3)	OCCUPANCY "" DIVISION ""
ARCHITECT PHONE NO.	
4)	
ENGINEER PHONE NO.	PRINT NAME OF QUALIFIER
5) LOT BLOCK SUBDIVISION (legal description	2)
6)	SIGNATURE OF QUALIFIER OWNER DATE
FOLIO NO. (required)	STATE OF FLORIDA COUNTY OF BROWARD
7)	The foregoing instrument was acknowledged before me this
STREET ADDRESS-JOB SITE	day of , 20
8)	by (name of
PRESENT USE	person acknowledging). NOTARY STAMP HERE
SHADED AREA FOR OFFICE USE ONLY	
ZONING: APP TIME	
Signature: Date	
STRUCT: APPTIME	
STRUCT: APP TIME Signature: Date PLRG: APP TIME	
PLBG: APP TIME	
Signature:Date	NOTARY
MECH: APP TIME	(Signature of Notary Public - State of Florida)
Signature: Date	Personally Known OR Produced Identification
ELEC: APP TIME	
Signature:Date	APPLICATION APPROVAL
CTY ENGR: APP TIME	This application does not become a valid permit until signed
Signature:Date	by an authorized representative of the City of Hallandale
FIRE: APP TIME	Beach Building Department and all fees paid and receipt
Signature:Date	acknowledged in the space provided on the permit.
SANIT: APPTIME	
Signature: Date	
CODE: APPTIME	
Signature:Date	BY:
	CHIEF BUILDING INSPECTOR DATE

APPLICATION T	<u>YPE</u>		324	OFFICES, BANKS & PROF., NEW		
BLDG B	UILDING, SPECIALTY	·	325	PUBLIC WORKS & UTILITIES, NEW		
SIGN S	SIGNS, INSTALLATION		326	SCHOOLS & OTHER EDUC., NEW		
101 S	/F DETACHED, NEW		327	STORES & CUSTOMER SERVICE, NEW		
102 S	/F ATTACHED, NEW		328	OTHER NONRESIDENT BLDGS., NEW		
	/F BLDGS, NEW		329	STRUCT. OTHER THAN BLDGS, NEW		
	&4/F BLDGS, NEW		434	RESIDENTIAL, ADD AND/OR ALT		
	5/F BLDGS, NEW			NON RES & NON HOUSE, ADD/ALT		
213 H	OTELS, ETC., NEW			RES GARAGES/CARPORTS, ADD/ALT		
214 O	THER NONHOUSE SHELTER, NEW		645	DEMO, S/F HOUSES		
318 A	MUSEMENT, SOCIAL, REC, NEW			DEMO, 2/F BLDGS		
319 C	HURCHES & OTHER REL, NEW			DEMO, 3&4/F BLDGS		
320 IN	NDUSTRIAL, NEW			DEMO, 5+/F BLDGS		
	ARKING GARAGES, NEW			DEMO, ALL OTHER BLDGS & STRUCT		
322 S	ERV STA & REPAIR GARAGES, NEW			ANNUAL PREMISES PERMIT		
	OSPITALS & INST., NEW	Г	KLIVI	ANNOAL FREIMISES FERIMIT		
323 III	OSPITALS & INST., NEW	DEI	NAITV	FEE, UNPERMITTED WORK		
			AVELL	FEE, UNPERMITTED WORK		
TOTAL SO ET	COST/SQ FT	TOTAL EC	TINAATE	D COST \$		
IUIAL SQ FI	COST/SQ F1	TOTAL ES	IIIVIAIE	ED CO31 \$		
NEW RIIII	DINGS SQ. FT.	SIG	:NS			
NDDITIONS	SSQ FT			Change No of Sq. Et		
	SSQ F1 ONS/REPAIRS	Aile	nalions/	/Change, No. of Sq. Ft.		
	HUTTERS, NUMBER OF	Banners, Temporary, No. of Days				
		Directional/Informational, No. of				
AWNINGS	SCREEN ENCCANOPIES	GIO	ia atina /	le,No. of Sq. Ft.		
FOLINDATI	ION			Flat/Exterior, No. of Sq Ft		
FOUNDATI				ent,No. of		
	SE STRUCTURES			Signs, No. of		
Undergrour				DEMOLITIONS NO. OF SQ. FT.		
	NO. OF LIN. FT.			WALLS NO. OF LIN. FT.		
PILINGS		Тур				
PYLONS	_	MOBILE HOME SITE, NEW				
SEAWALLS			MPSTE	R ENCLOSURE		
	ONT GLASS/CURTAIN WALLS, NO. OF SO					
	/GLASS DOORS, REPAIR/INSTALL, NO. (
	STER/DRYWALL		sonry	Wood		
	ING/SANDBLASTING# OF UNI					
	DRIVEWAYSWALKWAYS			mises Permit: No. of Units		
	oncAsph No of Sq Ft					
	ConcAspł No of Sq	OTI	HER .			
	NO. OF GALS.					
SWIMMING	POOLS NO. OF GALS.					
In-Ground _	Above-Ground					
TENTS, TE	MPORARY, NO OF	NOTICE: I	additi	on to the requirements of this permit,		
CONCRET	E SLABS SQ. FT.					
UTILITY SH	UTILITY SHEDS there may be additional restrictions applicable to this					
Pre-fab inc	cluding slab, No. of	property that may be found in the public records of this				
	county, and there may be additional permits required from					
SATELLITE	EANTENNA	districts, s	tate ag	encies or federal agencies."		
ADDITIONAL INC	CORMATION:					
ADDITIONAL INF	ORIVIATION.					
						

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